



**YOUTH COMMUNITY CORRECTIONS BUREAU
GREAT FALLS YOUTH TRANSITION CENTERS
STANDARD OPERATING PROCEDURES**

Procedure No.: YTC 120-4	Subject: SPECIAL HEALTH CARE PROGRAMS AND RELATIONSHIPS WITH COMMUNITY HEALTH CARE AGENCIES	
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Applicable ACA Standards: 3-JCRF-4C-20, 3-JCRF-4C-23, 3-JCRF-4C-24	Revision Date:	
Signature: /s/ <i>Kenneth McGuire</i>	Effective Date: 01/01/10	
Signature: /s/ <i>Steve Gibson</i>		

I. CENTERS DIRECTIVE:

The centers will follow all medical, dental, and non-medical directives or instructions as applicable or as provided by a health care professional.

II. DEFINITIONS:

None

III. PROCEDURE:

A. Plan Development

Medical and dental evaluations and any subsequent recommendations shall be available to the center's staff. Centers staff will develop a plan for implementing recommendations. Identification of these patients shall also be made through staff referral, sick call, and resident self-referral.

B. Convalescent Care

A physician shall determine the proper medical placement for patients requiring close observation during postoperative recovery or recovery from other illness or injury.

C. Detoxification and Alcohol or Chemical Dependency

A resident may be diagnosed as chemically dependent by a physician and/or properly credentialed facility or community agency personnel. When diagnosed as chemically dependent, the facility Program Manager, in conjunction with the credentialed personnel, will develop an individual program plan goal to include treatment for such.

1. When detoxification is required, the facility staff and credentialed chemical dependency contractor shall coordinate needed services which may include possible placement in an appropriate community addiction center.

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2. Coordination of treatment programming with the addiction center and/or diagnosing credentialed chemical dependency contractor will be incorporated in the individualized treatment plan for the resident for all staff to follow.
3. Outpatient prescribed services shall be supported by all staff, and transportation, when appropriate, shall be provided.
4. When a urine surveillance program is in effect, written policy and procedure shall provide instructions for the collection of samples and interpretation of results. The procedures for chain of custody of the urine specimen shall be specified, to protect the rights of the resident. Training by appropriate authorities shall be sought to ensure proper procedures and collection. (Refer to [DOC 3.1.20, Offender Drug Testing Program](#) and [YCC 60-19, Standardized Offender Urinalysis Screening](#))
5. When alcohol monitoring devices are used in the facility, policy and procedure shall be developed to ensure constant accuracy testing of equipment and its use according to specification. (Refer to [DOC 3.1.20, Offender Drug Testing Program](#) and [YCC 60-19, Standardized Offender Urinalysis Screening](#))

D. Prenatal and Postnatal Care

An individual program plan goal and objectives, which includes special care, regular medical check-ups, and special dietary and recreational needs, will be developed when a pregnancy has been diagnosed. The plan shall be based on the resident's community obstetric physician's orders, which shall be obtained by Youth Transition Centers Program Manager.

E. Health Education

Programs shall be provided in cooperation with medical personnel, Parish Nurses, volunteers, community resources, and centers staff for all residents about the importance of preventative medicine for the development and maintenance of sound personal health care. These educational programs shall include initial admission-orientation sessions, regular distribution of instructional health materials, and educational programming for residents, which includes the following:

1. First aid procedures
2. Medical emergency procedures
3. Personal hygiene

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4. Self-care for chronic illnesses
5. Effects of smoking and drug and alcohol abuse
6. Communicable disease control, including tuberculosis, AIDS, and other sexually transmitted diseases
7. Dental hygiene
8. Dangers of self mutilation
9. Information about the services and facilities available for specific health care problems

F. Disabled Residents

All disabled and infirm residents shall be housed in facilities appropriate to their needs. The facility shall exclude categorically those residents requiring 24-hour on-site medical supervision and/or care. Every effort shall be made to allow disabled residents to participate in regular programming within the facility and in the community. Any resident who is unable to participate in regular programming shall be evaluated for transfer to a more appropriate facility. Architectural requirements for facility handicap accessibility shall be met in all new construction and as possible in current construction.

G. Refusal of Admission or Transfer Referral

The facility director reserves the right to refer or transfer a resident because of mental illness, developmental disability, physical condition, or need of detoxification services that cannot be preformed adequately in the facility, or who for some other reason is in need of more sophisticated service than are available at the facility. Such determination shall be made after consultation with a physician and with the approval of the Youth Community Corrections Bureau Chief.

IV. CLOSING:

Questions concerning this procedure shall be addressed to the Youth Transition Centers Director.

V. REFERENCES:

[DOC 3.1.20](#) [Offender Drug Testing Program](#)
[YCC 60-19](#) [Standardized Offender Urinalysis Screening](#)

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VI. ATTACHMENTS:

None